

**THE NEW INDIA ASSURANCE COMPANY LIMITED**

87, M.G. ROAD, FORT , MUMBAI 400 001.

**PROPOSAL FORM OFFICE PROTECTION SHIELD ( ARCHITECTS AND ENGINEERS )**

Please answer all questions fully using BLOCK LETTERS

Name \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

Pin Code \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Address of Office Premises which is to be Insured \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Business or Profession \_\_\_\_\_

Is the Proposer a Government Owned Office? Yes \_\_\_\_\_ No \_\_\_\_\_

Paid up Capital (If a Company) Rs. \_\_\_\_\_

Period of Insurance From \_\_\_\_\_ to \_\_\_\_\_

**Please note that**

a) Section 1 (Building) and Section 2 (Contents) are compulsory for owner (Building) Insured and Section 2 (Contents) for Tenants (Building) Insured.

b) Insured has to OPT for a minimum of 3 (Three) Sections other than minimum compulsory section prescribed above (a).

**Please tick the appropriate boxes in the concerned sections for which you want the cover.**

**Section 1 Building**

The Sum Insured should represent the cost of reinstatement as new of the property.

a) Building(s) Rs. \_\_\_\_\_

b) Landlord's Fixtures & Fittings. Rs. \_\_\_\_\_

c) Boundary Walls, Gates & Fences Rs. \_\_\_\_\_

d) Other Property Rs. \_\_\_\_\_

Sub Total (a to d) Rs. \_\_\_\_\_

e) A Suitable amount towards Architects, surveyor,  
legal fees, debris removal cost Rs. \_\_\_\_\_

Total (a to e) Rs. \_\_\_\_\_

Note: If more than one building or structures are used in connection with office work, please specify.

**Section 2 Contents**

a) Business Furniture, Furnishings, Safes, Office  
Machinery, Fixtures & Fittings (to the extent not  
insured under Section-1), Unused Office Stationery Rs. \_\_\_\_\_

b) I) Documents Rs. \_\_\_\_\_

II) Telephone, Gas & Electric Meters. Rs. \_\_\_\_\_

c) Tenant's Improvement & Decoration(s) Rs. \_\_\_\_\_

d) Pedal Cycle(s) Rs. \_\_\_\_\_

- e) Electronic Equipment (if not insured under Sec.7) Rs. \_\_\_\_\_
- f) All other Contents Rs. \_\_\_\_\_
- g) Professional Instruments & equipments Rs. \_\_\_\_\_
- Sub Total (a to g) Rs. \_\_\_\_\_
- h) Clothing & personal effects (except for, property otherwise Insured & Jewellery, Money and Fur) Rs. \_\_\_\_\_
- Limit : Rs. 5,000 per Person
- i) Temporary Removal of Documents [5% of sub total (a to g) or Rs.15,000 whichever is higher] Rs. \_\_\_\_\_
- j) Cost of Removal of Debris Rs. \_\_\_\_\_
- Sub Total (h to j) Rs. \_\_\_\_\_
- Total(a to j) Rs. \_\_\_\_\_

The total Sum Insured should represent full replacement value of property by new (see for details of 'Average Clause'.)

**Section 3** \_\_\_\_\_ **Maximum Limit**  
**Tenant's Liability** 'Any one Loss' Rs.

**Section 4 Money Insurance**

- a) Wages & salary whilst in transit from or to the office(s) Rs. \_\_\_\_\_
- b) Money other than wages & salary whilst in direct transit between any two places. Rs. \_\_\_\_\_
- c) Money in office during business hours. Rs. \_\_\_\_\_
- d) Money in office in locked safe outside business hours. Rs. \_\_\_\_\_
- Total (a to d) Rs. \_\_\_\_\_

Please state make and model of safe \_\_\_\_\_

**Section 5** a) Description of plate glass with dimension and of  
**Fixed Glass** framework and any tinted embossed, ornamental or  
**& Sanitary Fittings** painted glass.

Sl. No.	Description	Dimension	Value
1.			
2.			
3.			
		Total	Rs. _____
	b) Sanitary fittings		Rs. _____
	c) Signs, nameplate		Rs. _____
		Total (a to c)	Rs. _____

The value should represent the replacement value of property by new.

**Section 6  
Fidelity  
Guarantee**

a) Total No. of Salaried Staff for whom  
the guarantee is proposed. \_\_\_\_\_  
Name/s & Designation

b) Maximum amount of guarantee for  
any one salaried staff Rs. \_\_\_\_\_

**Section 7 Electronic Equipment Damage to Electronic Equipment**

a) **Item no. Qty. Description of Items Yr. of Mfg. Value**

- 1.
- 2.
- 3.
- 4.

Sub Total (a) Rs. \_\_\_\_\_

b) If you want cover for data carrying materials, please state the value separately.

**Item no. Qty. Description of Items Yr. of Mfg. Value**

- 1.
- 2.
- 3.

Sub Total (b) Rs. \_\_\_\_\_

Total Value (a + b) Rs. \_\_\_\_\_

Please state whether the electronic equipment is maintained under an approved agreement with manufacturer or other concerns approved by manufacturer. **Yes** \_\_\_ **No** \_\_\_

Please note that the value of electronic equipment should be replacement value by new one of same kind inclusive of freight, custom duty and other charges and cost of erection.

**Section 8** (Available only if Section 7 is Insured)

Reinstatement of \_\_\_\_\_ Please state the sum(s) to be Insured

Data & \_\_\_\_\_ a) Cost for Reinstatement of Data Rs. \_\_\_\_\_

Programmes b) Cost for Reinstatement of programme

b) **Item No. Description of Programme Name of Developing Agency Yr. of Development Value**

- 1.
- 2.

Sub Total (b) Rs. \_\_\_\_\_

Total (a+b) Rs. \_\_\_\_\_

Please note that only standard programmes which can be exchanged by user are covered under this policy.

**Section 9 Portable Computers**

a) Item no.	Qty.	Description of Items	Yr. of Mfg.	Value
1.				
2.				
3.				
4.				
Sub Total (a)				Rs. _____

b) If you want cover for data carrying materials, please state the value separately.

Item No.	Qty. of Items	Description of Items	Year of Manufacture	Value
1.				
2.				
Sub Total (b)				Rs. _____
Total (a+b)				Rs. _____

Please note that the value of portable computer should be replacement value by new one of same kind inclusive of freight charges, custom duty and cost of erection.

**Section 10**

Additional _____	Limit of indemnity	Sum Insured
Expenses of	(25% of the Sum Insured on contents	
Rent for	under section 2)	
Alternative	(Please note that the indemnity period	
Accommodation	is 12 months)	Rs. _____

**Section 11 Personal Accident**

Sl. No.	Name of Insured Person	Age	Details of Existing Infirmity/ Disability	Occupation	S.I.	Name of Assignee
1.						
2.						
3.						
4.						

(Please note that the age limit for purpose of this section is 18 to 70 years.) Total Rs. \_\_\_\_\_

Section 12 Breakdown of _____ Office Appliances	a) Item No.	Qty.	Description of Item	Model of Items	Yr. of Manufacture	Value
	1.					
	2.					
	3.					
Total Rs.						_____

Please note that the value of item should be replacement value by new one of same kind inclusive of custom duties & other charges, freight charges and erection cost.

**Section 13**

Baggage _____	Limit	Sum Insured
	a) Any one event per person	Rs.10,000/-
	b) Any one year for all persons	Rs. _____

**Section 14**

Liability _____	a) Public Liability	Limit Of Liability
Insurance	b) Workmen’s Compensation Liability	Rs. _____

Sl. No.	Name of Employee	Nature of Work	Monthly Earnings	As per W.C. Act
1.				
2.				
3.				
4.				

Total Rs. \_\_\_\_\_

**Section 15 Professional Indemnity**

Description of the business (Please attach details) \_\_\_\_\_

Qualifications of the Insured \_\_\_\_\_

How long the insured is in this business \_\_\_\_\_

Loss details of the past. \_\_\_\_\_

Voluntary excess opted by insured. \_\_\_\_\_

Please give gross fee received during the past five years-

19 Rs.

20 Rs.

20 Rs.

20 Rs.

20 Rs.

Estimated fee for the coming 12 months Rs. \_\_\_\_\_

Limit of Indemnity proposed For Any One Year (AoA : AoY is 1:4) Rs. \_\_\_\_\_

**Section 16 Mediciclaim**

Sl. No	Name	Age	Date of Birth	Details of any genetic diseases with which you are suffering	Have you suffered from any disease/ illness/ disablement Yes/No	Name of Illness	Exis ting from MM /YY

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**DECLARATION**

I declare that I am not engaged in any high risk occupation. I also declare that I am not suffering from any pre-existing condition which is not fully cured. All the information given in this form is fully correct and true to the best of my knowledge and belief and shall be the basis on which cover is granted. I agree to be bound by the mediclaim policy (terms and conditions) (To be signed by all the above members).

Signature

- For group proposals of a size more than 100 persons separate terms will apply.

**\*ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE - SECTION VII**

I .....do hereby assign the money payable in the event of my death by the New India Assurance Co. Ltd. to ..... (relation to the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company.

Dated this .....day.....20 at.....

WITNESS

NAME :

ADDRESS :

SIGNATURE OF THE PROPOSER

We hereby declare that subject to any exceptions and variations disclosed in item below :

1. The Building of the premises are:
  - a) Having external walls of bricks, stone, concrete blocks, asbestos sheets cladding and/or metal sheet cladding glass panel/partly or fully open sided and roof of RCC/masonry/Asbestos concrete sheet / tiles / wooden shingles or boarding on RCC/steel/wooden framework.
  - b) In good repair and so maintained.
  - c) Occupied by me/us in connection with business/profession above and used solely as offices or medical establishment and/or residence and do not form part of premises having manufacturing units, shops dealing in hazardous goods or godowns containing hazardous goods.
2. Book of account are regularly entered up.

3. No Insurer has declined my/our proposal, cancelled or refused to renew my/our policy or required any special terms or conditions in respect of any of the risk proposed.
4. Sum Insured represent the full value of the property described herein.
5. All reasonable steps to safeguard the property against loss or damage will be taken.
6. All the proof, evidences, documents required in case of claim will be provided to the company.
7. I/We have disclosed all the facts which could influence the acceptance of this proposal or the term(s) to be approved.
8. Exceptions and variations if any to the above declaration.

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Date : \_\_\_\_\_ Place: \_\_\_\_\_ Signature of the proposer

Note : If you do not find sufficient space in any of the columns above please use additional sheets for giving full details.

**PROHIBITION OF REBATES Section 41 of the Insurance Act 1938 provides as follows :**

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy except any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in compliance with the provisions of the section shall be punishable with fine which may extend to five hundred rupees.